

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. SOR 205

First Inventor HOLGER SPRING ET AL

Title MEDICAL TREATMENT APPARATUS

Express Mail Label No. 0

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification (Total Pages 10)
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. Oath or Declaration [Total Pages 1]
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: _____

Prior application information:

Examiner: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label



or

☐ Correspondence address below

Name HORST KASPER

Address 13 FOREST DRIVE

City WARREN

State NJ

Zip Code 07059

Country USA

Telephone 908-526-1717

Fax 908-429-7838

Name (Print/Type) HORST KASPER

Registration No. (Attorney/Agent) 28,559

Signature Horst M. Kasper

Date 7/22/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

13049 U.S. PTO
07/22/03

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Complete if Known

Application Number	
Filing Date	
First Named Inventor	HOLGER SORING ET AL.
Examiner Name	
Art Unit	
Attorney Docket No.	SOR 205

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
375

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 11-0224
Deposit Account Name: HORST KASPER

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	375
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$) 375

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
17	-20** =		
Independent Claims	2	-3** =	
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)
375.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	HORST KASPER	Registration No. (Attorney/Agent)	28,559	Telephone	908-526-1717
Signature	Horst M. Kasper	Date	7-22-03		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Söring Holger et al.

Serial No:

Filing Date:

Title: MEDICAL TREATMENT APPARATUS

Examiner:

Law Office:

July 9, 2003

Attorney's docket No.: SOR205T1

TRANSMITTAL LETTER

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

SIR:

Transmitted herewith for filing is:

Basic fee: \$ 375.00

TOTAL CLAIMS:

17 - 20 = X \$ 18.00 = \$

INDEPENDENT CLAIMS:

2 - 3 = X \$ 80.00 = \$

<X> Applicant claims small entity status. The fees indicated above are reduced by 1/2

<X> Patent Application (10 pages of specification, 5 pages of claims, and 5 sheets of drawings with Figs 1-5)

<X> Request to Accept Patent Application and to Grant Filing Date, dated July 9, 2003

<X> Form PTO/SB/17 (01-03)

<X> Form PTO/SB/05 (03-01)

<X> Fees in the amount of **\$375.00** are to be charged to a credit card. Form PTO-2038 is enclosed

(X) The applicant hereby petitions the Commissioner of Patents and Trademarks to extend the time for response to any Office Action outstanding in the above captioned matter as necessary to avoid abandonment of the application. Please charge my deposit account No.11-0224 in the amount required to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to the above account.

(X) The Commissioner is hereby authorized to charge any fees under 35 U.S.C. 1.16, and 1.17, after a mailing of a Notice of Allowance under 35 USC 1.18 or any additional fees which may be required during the entire pendency of the application, or credit any overpayment, to Acct. No.11-0224. A duplicate copy of this sheet is enclosed. If and only if account funds should be insufficient, immediately contact our associate, Lisa Zumwalt, at (703)415-0579, who will pay immediately to avoid deprivation of rights.

() Please charge my Deposit Account No.11-0224 in the amount of \$_____. A duplicate copy of this sheet is enclosed.

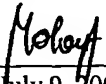
A signature or signatures required for the above recited document(s) is (are) provided herebelow. Such signature(s) also provide(s) ratification for any required signature appearing to be defective in the above recited document(s).

Horst Kasper

Horst Kasper, 13 Forest Drive, Warren, N.J.07059
Reg. No. 28,559 Tel.(908)526-1717

Express Mail Certification: I hereby certify that the correspondence attached hereto is being deposited with the USPS "Express Mail Post Office to Addressee" on the date indicated below and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231,

Deposit Date: 7/22/2003, "Express Mail Mailing Label No": EV 2333 704 94 43

Signature:  Date: 7/22/2003

*%Pci1:d:trans1(SOR205T1(July 9, 2003(am



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Holger Soring et al.

Serial No:

Filing Date:

Title: MEDICAL TREATMENT APPARATUS

Examiner:

Law Office:

July 22, 2003

Attorney's docket No.: SOR205P1

**REQUEST TO ACCEPT PATENT APPLICATION AND
TO GRANT FILING DATE**

Box NEW APPLICATION / FEE

Assistant Commissioner for Trademarks
2900 Crystal Drive
Arlington, Virginia 22202-3513

SIR:

The inventors, Holger Soring, residing at Marienhohe 72, D-25451 Quickborn, Germany, and Jorg Soring, residing at Rhenaer Str. 28, D-25488 Holm, Germany, wish to submit a Patent application with the title MEDICAL TREATMENT APPARATUS be filed for the purpose of receiving a United States Patent.

Applicants are enclosing a stamped self-addressed postcard with a summary relating to this filing. It is respectfully requested that this postcard receive the date-stamp and Serial Number stamp of the United States Patent and Trademark Office and then be promptly deposited with the United States Postal Service. If such card should not be found in the application papers submitted, then applicants herewith inquire about the status of this application and requests that corresponding status information be mailed to the undersigned.

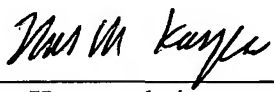
The application includes an application letter with pages consecutively numbered and at least one claim.

The application also includes five sheets of drawings.

For purposes of paying the required fee a Credit Card Payment Form PTO-2038 is enclosed. Any fees required in addition are requested to be charged to deposit account No. 11-0224. It is petitioned that any time extension, which might become required in connection with the filing of this application or in connection with any papers submitted at a later point in time relating to this application be granted.

Respectfully submitted,

Holger Soring et al.

By: 

Horst Kasper, their attorney
13 Forest Drive, Warren, N.J. 07059
Tel.(908)526-1717; Reg.No. 28,559
Attorney's Docket No.: SOR205

STATUS INQUIRY:

The Application is:

< > incomplete

< > complete

< > pending

Serial No:..... Filing Date:.....

*%taplreq(Sor205R1(July 22, 2003(am